C.L. "BUTCH" OTTER GOVERNOR

STATE OF IDAHO DEPARTMENT OF FINANCE

Idaho
Collection Agency
2012 Renewal

GAVIN M. GEE DIRECTOR

DUE NO LATER THAN 03/15/2012

http://finance.idaho.gov

INSTRUCTIONS FOR COMPLETION OF THE MARCH 15, 2012 RENEWAL

- LICENSE NUMBERS ARE AVAILABLE ON THE DEPARTMENT'S WEBSITE AT http://finance.idaho.gov
 NO PAPER LICENSE WILL BE ISSUED UPON COMPLETION OF THE RENEWAL. VERIFICATION OF A COMPLETED RENEWAL WILL BE REFLECTED WITH THE DISPLAY OF THE NEW EXPIRATION DATE OF MARCH 15, 2013.
- PROVIDE A COMPLETE ANNUAL/QUARTERLY NOTIFICATION OF COLLECTORS/AGENTS FORM FOR <u>ALL ACTIVE</u> COLLECTORS/AGENTS, <u>INCLUDING THE RPIC</u>. YOU MAY DOWNLOAD THE EXCEL SPREADSHEET FROM OUR WEBSITE AT http://finance.idaho.gov. OPEN UP THE EXCEL SPREADSHEET AND SAVE IT TO YOUR SYSTEM. THEN REOPEN THE SPREADSHEET TO MAKE ALL ENTRIES. "SEE ATTACHED" WILL NOT BE ACCEPTED. FOLLOW THE "ANNUAL REPORT INSTRUCTIONS." THE FORM MUST REMAIN IN 8½ X 11 LANDSCAPE FORMAT AND THE FONT MUST REMAIN AT A MINIMUM SIZE OF 10 POINT.
- SUBMIT NEW BOND OR BOND RIDER, IF REQUIRED BY CHANGE IN COVERAGE, NO LATER THAN MARCH 15, 2012.
- SUBMIT \$100 RENEWAL FEE PAYABLE TO THE IDAHO DEPARTMENT OF FINANCE.
- <u>SUBMIT</u> \$20 FOR EACH ACTIVE PERSON LISTED ON THE QUARTERLY NOTIFICATION FORM <u>AND INCLUDE THE</u> RPIC. SUBMIT ONE CHECK FOR THE TOTAL AMOUNT PAYABLE TO THE IDAHO DEPARTMENT OF FINANCE.
- RENEWALS AND ANY ADDITIONAL DOCUMENTS AND PAYMENT MUST BE POSTMARKED BY NO LATER THAN MARCH 15, 2012. We strongly recommend filing by no later than February 29, 2012 to allow sufficient time for processing and clearing of any deficiency items.
- RENEWAL FORMS OR ADDITIONAL SUBMISSIONS THAT ARE POSTMARKED AFTER MARCH 15, 2012 WILL NOT BE
 ACCEPTED AND YOUR LICENSE WILL EXPIRE BY OPERATION OF LAW. Idaho does NOT have a reinstatement
 period for expired licenses. CONDUCTING LICENSABLE ACTIVITIES UNDER THE ACT WITHOUT A CURRENT
 LICENSE CARRIES CIVIL AND CRIMINAL PENALTIES.
- Definitions of activities identified in questions 6 and 7 on page 3 (may not be all inclusive):
 - ✓ Third Party Collection—collects monies due from a debtor for payment to an owed creditor/provider
 - ✓ Active Debt Buyer---purchases defaulted debt and directly collects or sues in own name
 - ✓ Passive Debt Buyer---purchases defaulted debt and outsources collection and/or sues in the name of a third party
 - ✓ **Social Security Payee**---has met qualifications with Social Security to be the receiver of another party's benefits while managing the debts and obligations for that third party
 - ✓ Credit Repair---contracts with debtors to advise on or effect changes or corrections to debtors' credit reports
 - ✓ **Debt/Credit Counseling**---contracts with debtors to receive monies to prorate payments for debts owed, or effect an adjustment or compromise settlement of a debt owed by the debtor, or counsel a debtor in the management of a debt

,	MAKE SURE THAT YOU SEND THE FOLLOWING FOR YOUR RENEWAL	
	□ RENEWAL APPLICATION - SIGNED	
	☐ LIST OF ALL BRANCHES	
	□ ALL FORMS – CA2 OR CA3 AS APPLICABLE	

□ NOTIFICATION OF COLLECTORS/AGENTS FORM – COMPLETE AND SIGNED
 □ FEE OF \$20.00 FOR EACH ACTIVE AGENT, NEW AGENT FROM 12-16-11 TO 3-15-12 AND RPIC

Regular Mail:
Department of Finance
Consumer Finance Bureau
P O Box 83720
Boise ID 83720-0031

☐ FEE OF \$100.00 FOR RENEWAL

Overnight Mail:
Department of Finance
Consumer Finance Bureau
800 Park Blvd., Ste 200
Boise ID 83712

http://finance.idaho.gov

Phone: 208-332-8002, Option 4

Fax: 208-332-8096

C.L. "BUTCH"
GOVERNOR

OTTER

STATE OF IDAHO DEPARTMENT OF FINANCE

DUE ON OR BEFORE 03/15/2012

http://finance.idaho.gov

Idaho
Collection Agency
Debt/Credit Counselor
Debt Buyer
Credit Repair
2012 Renewal

GAVIN M. GEE DIRECTOR

Ent	ity Name: d/b/a:		
Ado	dress:		
City	v, State, Zip:		
lda	ho Collection License #:Tax ID#/EIN:		
Cui	rent Contact Person: Contact Email:		
Coı	ntact Telephone: Contact Fax:		
		YES*	NO
1	Has the licensee's LEGAL name, d/b/a or address changed from what is reflected on the Department's website? * IF YES, CONTACT THE DEPARTMENT FOR ADDITIONAL FILING INSTRUCTIONS.		
2	Has the licensee opened or closed any branches that have contact with Idaho debtors and/or Idaho creditor clients, regardless of where located, since your license was initially issued or since your last license renewal? *IF YES, COMPLETE A FORM CA3 AND INDICATE THE DATE THE BRANCH WAS OPENED (NEW APPLICATION) OR CLOSED (AMENDMENT).		
3	Have there been any changes to the licensee's or any agent's legal or regulatory background disclosures from Form CA1 Section 9 since initial licensing, agent registration or last renewal, whichever is later? *IF YES, PROVIDE A WRITTEN EXPLANATION OF THE CIRCUMSTANCES AND PROVIDE COPIES OF SUPPORTING DOCUMENTS.		
4	Has there been a change in the licensee's Responsible Person in Charge(s) (RPIC)—the person(s) that is/was required to demonstrate a minimum of three (3) years' experience in each specific activity or activities conducted under the Act at each licensed/registered location conducting activity in Idaho? *IF YES, PROVIDE A COMPLETED FORM CA2, A RÉSUMÉ WITH DETAILED JOB DESCRIPTIONS, AND LIST THE RPIC ON THE QUARTERLY NOTIFICATION OF COLLECTORS/AGENTS FORM.		
5.	Complete the following information as it applies to the licensee's activities conducted in 2011. If the ir does not apply to the licensee's 2011 business activities, insert "NA" or "0."	nformation re	equested
	a) Number of <u>current</u> Idaho creditor clients for which collection services are performed		
	b) Number of total current (located anywhere, including Idaho) debtor accounts being collection	cted upon	
	c) Number of total active (located anywhere, including Idaho) creditor clients for which coperformed	ollection ser	vices are
	d) Number of judgment claims sought against Idaho debtors from 1/1/2011 through 12/31/2	2011	
	e) Number of Idaho clients contracted for credit repair services		
	f) Number of Idaho clients contracted for debt or credit counseling services (including services)	ng debt se	ettlement

__ Number of charged-off accounts or other debt accounts purchased by licensee involving Idaho debtors

6.	Indicate the activities <i>conduct</i>	<u>ed</u> by the licensee in 2011 (refer t	o page 1 for definitions):	
	Third Party Collection	Social Security Payee	Mortgage Loan Servicing	Credit Repair
	Debt Buyer (passive)	Debt Buyer (active)	Debt/Credit Counseling (Inc	cludes Debt Settlement)
7.	Indicate the activities covered	by the act <u>expected to be condu</u>	cted by the licensee in 2012:	
	Third Party Collection	Social Security Payee	Mortgage Loan Servicing	Credit Repair
	Debt Buyer (passive)	Debt Buyer (active)	Debt/Credit Counseling (Includes	Debt Settlement)
	Comments:			
8		BOND CALCU	I ATIONS	
0.	Complete	either Section A or Section	n B based on your license ty	/pe
Sec				"CCA"
	1) Total gross navments	to agency during preceding year		
	(Pertains to Idaho ac		, 	
	2) Subtract fees earned	ons s by 6 t \$1,000 (minimum \$15,000 - maximum \$100,000)* surety bond amount. Provide a fully executed bond rider for any changes. OR sees with a license number prefix of "CDC", "CDB" or "CCR" d amount required pursuant to § 26-2232A received or held for another party during 2011		
	3) TOTAL NET COLLEC	TIONS		
	4) Divide total net collecti	ons by 6		
				y changes.
		OR		
Sec				or "CCR"
	B. Calculate any change in bo	ond amount required pursuant to §	§ 26-2232A	
	Total moneys accepte (Pertains to Idaho accepte)		rty during 2011	
7. Indicate 7. Indicate 7. Indicate 7. Comme 8. Section 8 A. Ca 1) 2) 3) *Th Section 8 B. Calc 1) 2) 3) *Th I CERTIFY 1 Print name: Signature:	2) Divide by 6			
				y changes.
		CERTIFICA	ATION	
I CE	ERTIFY that the information pro	vided on this form and in all attacl	nments is true and correct.	
Prin	nt name:		Title:	
	(Person authorized to	sign on behalf of licensee)		
Sigr	nature:		Date:	
Pho	one number:	Fay Number:	Email Address:	

LIST OF ACTIVE BRANCHES

Branches active in contacting Idaho Debtors/Creditors

	Full Dhysical Address of Branch	Phone Number	Fax Number	RPIC for Branch
1	Full Physical Address of Branch	FIIOHE NUMBER	rax inullibel	KEIC IOI DIAIICII
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If you have more than 20 branches, please duplicate this page. If you ADD a new branch attach a Form CA-3 to the renewal form. Forms may be found on the department's website: http://finance.idaho.gov.



GAVIN M. GEE Director

INSTRUCTIONS FOR THE ANNUAL/QUARTERLY REPORT

NEW APPLICATION INSTRUCTIONS:

- ✓ Complete the <u>entire top portion</u> of the report marking the box on the right indicating it is a new application;
- ✓ The list must be in alphabetical order and by location order;
- ✓ List terminated employees at the end of the Quarterly Report in alphabetical order and location order;
- ✓ Attach Legal Dispositions and explanations for checked "felony" or "misdemeanor" answers;
- ✓ A fee of \$20.00 (each) for all **new** active agents, including the RPIC(s), must accompany this report;
- ✓ Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for **each <u>new</u>** agent you are registering (see the language of Idaho Code §26-2240, below, for application)

QUARTERLY REPORT INSTRUCTIONS:

- ✓ Quarterly Notifications are DUE on June 15, September 15, and December 15;
- ✓ Send the Quarterly Report only once a quarter on or within one week prior to the due date;
- ✓ Complete the <u>entire top left portion</u> of the report and mark the box on the right indicating which quarter you are reporting for;
- ✓ Mark the quarter being reported with the year (i.e. 2010, 2011, etc.) on the top right portion of the report;
- ✓ The list must be in alphabetical order and by location order;
- ✓ List terminated employees at the end of the Quarterly Report in alphabetical order and location order;
- ✓ Attach legal dispositions and explanations for checked "felony" or "misdemeanor" answers;
- ✓ A fee of \$20.00 (each) for all **new** active agents, must accompany each Quarterly Report;
- ✓ Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for each <u>new</u> agent you are registering);
- ✓ The Quarterly Report form may be copied or downloaded as needed. Be sure the form is signed.
 - NOTE: If your RPIC has been terminated, the following forms must also be filed: Amended Form CA-1, Section 8; a new Form CA-2, and a detailed resume for the new RPIC plus \$20.00 agent fee.

ANNUAL REPORT INSTRUCTIONS:

- Complete the entire top left portion of the report and mark the box on the right titled "Annual Report;
- ✓ List **ALL ACTIVE** agents, including the **RPIC(s)**, in alphabetical order, by location;
- ✓ List terminated employees since the last submitted Quarterly Report;
- ✓ Attach legal dispositions and explanations for checked "felony" or financial "misdemeanor" answers;
- ✓ Attach ONE check payable to the Idaho Department of Finance for the total fees due (\$20 for <u>ALL ACTIVE</u> agents including the RPIC you are registering);
- ✓ The Annual Report form may be copied or downloaded and reproduced as needed. Be sure the form is signed.

IDAHO COLLECTION AGENCY ACT Idaho Code §26-2240: Each applicant for a license under this act, with its initial license application, and each licensee at annual renewal, shall file with the director a list of all agents including the name of each agent and any other identifying information the director may require. A fee of twenty dollars (\$20.00) for each listed agent shall accompany the list. Each licensee shall notify the director in writing of any additions to its agent list no less often than every calendar quarter. A fee of twenty dollars (\$20.00) shall be paid to the director for each additionally identified agent in the quarterly notification of additions to a licensee's agent list. An agent is not required to be listed, nor the fee paid therefore, unless the agent acted for the licensee for more than thirty (30) business days.

If you have any questions, please feel free to contact the licensing administrative assistant at 208-332-8085.

CONSUMER FINANCE BUREAU
800 Park Blvd., Suite 200, Boise, ID 83712
Mail To: P.O. Box 83720, Boise ID 83720-0031
Phone: (208) 332-8002 Fax: (208) 332-8096

http://finance.idaho.gov

STATE OF IDAHO DEPARTMENT OF FINANCE IDAHO COLLECTION AGENCY ACT NOTIFICATION OF AGENTS/COLLECTORS

LICENSE NO.	DATE :	NEW APPLICATION		Check if this is submitted with a new application
NAME OF LICENSEE	-	QUARTERLY REPORT ~ New Agents		If there are NO new or terminated agents for the quarter please check the box below
STREET		<i>JUN1</i> 5		
CITY, STATE, ZIP		<i>SEP15</i>		
NAME OF SIGNATOR (Print clearly	()	DEC 15		
		 ANNUAL REPORT	(All Active Agents)
SIGNATURE		MARCH 15,	20	

Applicant/Licensee agrees to be responsible, under Title 26, Chapter 22, Idaho Code, for acts of Agent(s) while said Agent(s) is employed by the Licensee. Licensee certifies that Agent(s) has been instructed as to the requirements of the Idaho Collection Agency Act and the Fair Dept Collection Practices Act and that Agent(s) has a reasonable understanding and will comply with same.

DISCLOSURES: IF YES, THE AGENT MUST SUPPLY A SIGNED DETAILED WRITTEN EXPLANATION ALONG WITH SUPPORTING COURT DOCUMENTS.

COMPLETE COLUMN B - within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?

COMPLETE COLUMN C - within the past ten (10) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a misdemeanor involving:

Collection, Credt Repair, Debt/Credit Counseling, Debt Buying, Financial Services or a Financial Services related business?

Listing Order: List Newly Hired Agents first, then list all newly terminated Agents on Quarterly Reports.

А.	В	C	D	E	F	G	H	I	J
PLEASE TYPE THE AGENT NAME Alphabetical Order by Location LAST, FIRST, (M)	If Yes ✓ for Felony	If Yes ✓ for Misdemeanor	GROUP BY LOCATION CITY & STATE OF OFFICE	SOCIAL SECURITY # OR COUNTRY EQUIVALENT (SIN, PAN, ETC)	DATE OF BIRTH mm/dd/yy	HIRE DATE mm/dd/yy	TERM DATE mm/dd/yy	DESK NAME IF USED	\$20 FEE
1									
2									
3									
4									
5									
6									
7									
8							_		
9									
10									

	PLEASE TYPE THE AGENT NAME Alphabetical Order by Location LAST, FIRST, (M)	If Yes ✓ for Felony	If Yes ✓ for Misdemography	GROUP BY LOCATION CITY & STATE OF OFFICE	SOCIAL SECURITY # OR COUNTRY EQUIVALENT (SIN, PAN, ETC)	DATE OF BIRTH mm/dd/yy	HIRE DATE mm/dd/yy	TERM DATE mm/dd/yy	DESK NAME IF USED	\$20 FEE
11										
12										
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